

# How NICE turned into a Teletubby

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Politicians can disagree on most matters but they all take for granted that the National Health Service has a £30bn funding gap over the next five years. For what it's worth, the new government has pledged a sum of £8bn to help towards this deficit, but by Key Stage I arithmetic that leaves £22bn to come from efficiency savings. Is this possible? Is the National Health Service in crisis? How would we know?

The state of the National Health Service as simultaneously a source of pride, woe and real-term budget cuts is not new. In 1997, the incoming Blair government had a financial problem, writes Michael Rawlins. Despite their ambition for better quality of National Health Service care, incoming health ministers understood that additional resources were unavailable. In response, the National Institute for Clinical Excellence (NICE) was created to advise the National Health Service on the use of drugs and devices, and to develop clinical guidelines to provide National Health Service patients with the highest attainable quality of care, taking account of both clinical and cost effectiveness.<sup>1</sup>

Rawlins, the first and long-serving chair of NICE, describes the evolution of his organisation, from ridiculed government quango to international leader in clinical guidelines setting and cost-effectiveness of new therapies, otherwise known as rationing. Richard Smith, former editor of *The BMJ*, from an initial position of scepticism about Rawlins' new venture, acknowledged that 'NICE may prove to be one

of Britain's greatest cultural exports along with Shakespeare, Newtonian physics, the Beatles, Harry Potter, and the Teletubbies'.

In a separate essay, Alan Maynard and Karen Bloor question the purpose of regulation of the pharmaceutical industry.<sup>2</sup> Is it for promoting health or protecting wealth? The Department of Health, they say, 'struggles to balance its role as both regulator and sponsor of the pharmaceutical industry'. The result is 'regulatory capture', whereby regulation is designed and operated primarily for the benefit of industry, and the work of NICE is undermined.

Unsurprisingly, NICE also finds its way into this month's review article on the use of facemasks in surgery.<sup>3</sup> Their use is not required by the latest NICE guidance but the authors urge caution about abandoning this essential of surgical dress, since, in the words of NICE, it is a central part of 'maintaining theatre discipline'.

## References

1. Rawlins MD. National Institute for Clinical Excellence: NICE works. *J R Soc Med* 2015; 108: 211–219.
2. Maynard A and Bloor K. Regulation of the pharmaceutical industry: promoting health or protecting wealth? *J R Soc Med* 2015; 108: 220–222.
3. Da Zhou C, Sivathondan P and Handa A. Unmasking the surgeons: the evidence base behind the use of facemasks in surgery. *J R Soc Med* 2015; 108: 223–228.

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